Defense Health Agency

HCSDB Issue Brief

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Why are Beneficiaries Changing Health Plans?

The Military Health System (MHS) offers its beneficiaries several options for health care coverage, depending on their sponsor status and age. Active duty (AD) personnel are largely covered by Prime, TRICARE's managed care option, whereas AD dependents, retirees under age 65, and their dependents may choose Prime or Select, TRICARE's fee-for-service option. Beneficiaries over age 65 are eligible for TRICARE for Life, which offers Medicare-wraparound coverage for people with Medicare Part A and B. MHS beneficiaries can change their health plan any time due to a qualifying life event (QLE), such as marriage, the birth of a child, or a job change, or during open enrollment each fall (Defense Health Agency 2017).

Few MHS beneficiaries changed their health plan for 2019, and of those who did change, the plurality cited a QLE as their reason for doing so (Palakal et al. forthcoming). But other reasons may also affect beneficiaries' decisions about changing plans. For example, a high level of service use—such as frequent emergency department visits, doctor's office visits, or prescription fills—has been associated with being less likely to change health plans (Fronstin and Roebuck 2017). Quality of care (Bansal and Taylor 2015; Hong et al. 2017) and provider ratings (Shetty et al. 2016) have also been linked to consumer satisfaction, which may affect a person's decision to change plans.

In this brief, we use data from the second quarter of the 2019 Health Care Survey of Department of Defense Beneficiaries (HCSDB) to explore how respondents' health care experiences may have affected their decision to switch health plans. Specifically, we will explore whether respondents who had a negative experience accessing care or were dissatisfied with their care were more likely

We examine how access to care and satisfaction with one's health plan, care, and doctors affect whether Military Health System beneficiaries change health plans.

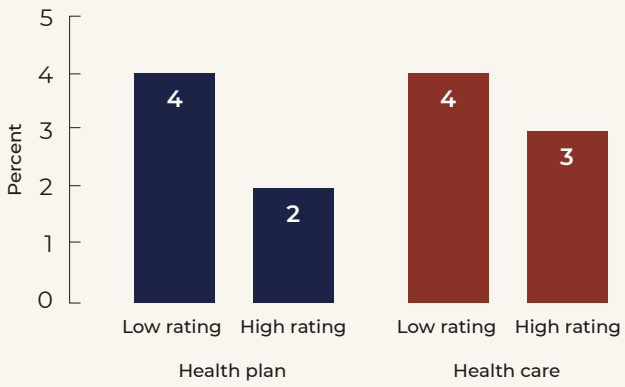
- **Only 3 percent of respondents reported changing health plans in 2019 and, of those who did change, most changed plans because of a qualifying life event.**
- **Difficulty accessing care and dissatisfaction with one's health plan, care, and personal doctor were not associated with higher rates of plan changing.**
- **Respondents who had trouble finding a personal doctor with whom they were happy were more likely to change health plans than those who did not have trouble.**
- **Prime enrollees with a military or civilian primary care manager were more likely to report having trouble finding a personal doctor with whom they were happy than Medicare enrollees (age 65 and over).**

to change health plans compared with those who had a positive experience or were satisfied with their care. Determining whether a poor experience with health care is linked to higher rates of plan changing will provide a better understanding of this complex decision and how the Defense Health Agency can improve care.

Plan changing

Overall, only 3 percent of respondents said that they were covered by a different health plan starting January 1, 2019, than the one they used for most of their coverage in the preceding 12 months. When asked why they changed plans, 45 percent of respondents said that a QLE prompted the change (not shown). Very few respondents cited the cost of the plan or dissatisfaction with the provider network as reasons for changing plans.

Figure 1. Percentage of respondents changing health plans, by health plan and health care ratings



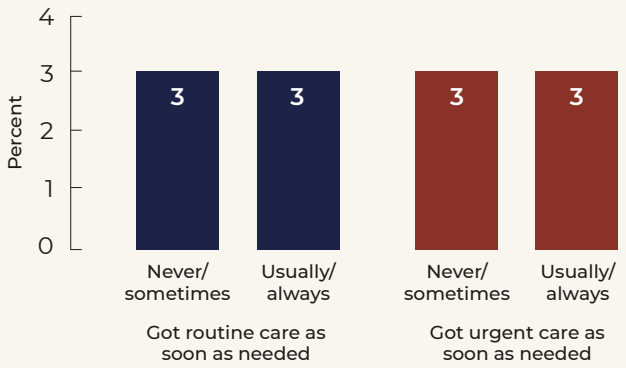
Health plan and health care satisfaction

Respondents' dissatisfaction with their health plan and health care was not associated with higher rates of plan changing. In the HCSDB, respondents rated the health plan they used for most of their care as well as the quality of the care they received in the last 12 months on a scale of 0 to 10, where 0 is the worst. Respondents who gave their health plan a low rating (0–7) were no more likely than those who gave it a high rating (8–10) to change plans (statistically insignificant difference of 4 percent versus 2 percent, Figure 1). Similarly, there was no significant difference in the rate of changing health plans between respondents who gave their health care a low rating versus a high rating (4 percent versus 3 percent).

Access to care

Respondents' inability to access care as soon as they needed it was not associated with higher rates of plan changing. Respondents who said that they were never or sometimes able to get an appointment for routine care when needed were just as likely to change plans as those who said that they were usually or always able get such an appointment (3 percent each, Figure 2). Similarly, there was no significant difference in the rate of changing plans between respondents who said that they were never or sometimes able to get urgent care when needed and those who usually or always were able get urgent care (3 percent each).

Figure 2. Percentage of respondents changing health plans, by their ability to receive routine and urgent care when needed

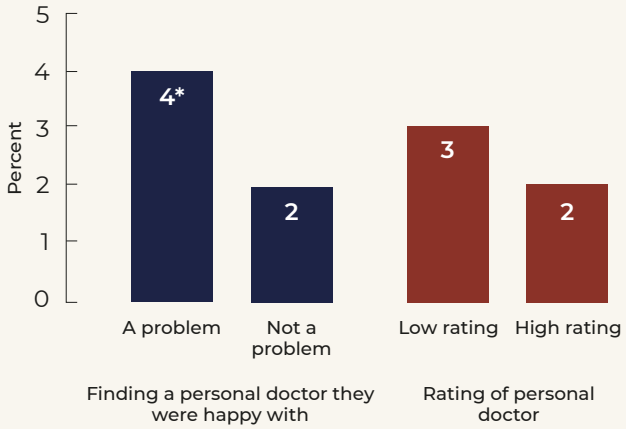


Overall, 35 percent of respondents[1] had difficulty finding a personal doctor they liked, regardless of whether they changed plans (not shown). There were no significant differences between Prime enrollees with a military primary care manager (PCM), Prime enrollees with a civilian PCM, or Select enrollees who had difficulty finding a satisfactory personal doctor (41 percent, 47 percent, and 38 percent reported having difficulty, respectively, Figure 4). Only Medicare enrollees (age 65 and over) were less likely to have difficulty finding a personal doctor than those enrolled in Prime (either with a military or civilian PCM).

Satisfaction with personal doctor

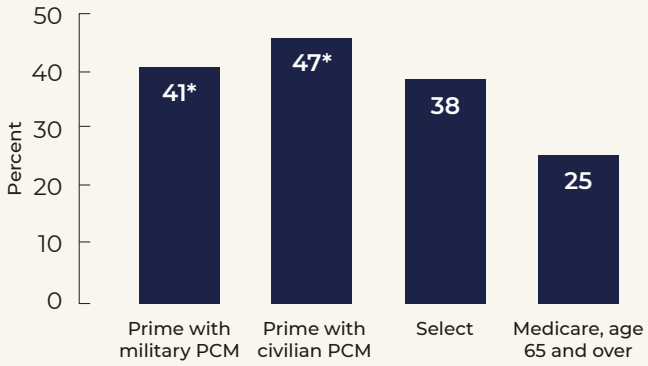
Respondents' inability to find a personal doctor with whom they were satisfied was associated with higher rates of plan changing. Respondents reported how much of a problem it was for them to find a personal doctor they liked (a big problem, a small problem, or not a problem). Those who said that they had either a big or small problem finding such a doctor were more likely to change health plans than those who had no problem, although the difference was small (statistically significant difference of 4 percent versus 2 percent, Figure 3). However, respondents' overall rating of their personal doctor had no significant association with the rate of changing plans. Respondents who gave their personal doctor a low rating were just as likely to change plans as those who gave their doctor a high rating (3 percent versus 2 percent).

Figure 3. Percentage of respondents changing health plans, by satisfaction with personal doctor



*Significantly different from "not a problem," $p < 0.05$.

Figure 4. Percentage of respondents who had a problem finding a personal doctor, by plan type



*Significantly different from Medicare enrollees, age 65 and over, $p < 0.05$.

Conclusion and next steps

Our findings support previous research showing that changing health plans is uncommon in the military community (Palakal et al. forthcoming) and, among people who do change plans, most are doing so because of a QLE. QLEs have a major effect on beneficiaries' decisions in this area. But other factors—such as the use of health care services (Fronstin and Roebuck 2017), perceived quality of care (Bansal and Taylor 2015; Hong et al. 2017), and provider ratings (Shetty et al. 2016)—may also prompt beneficiaries to keep or change their plans. We found that difficulty accessing care and dissatisfaction with a health plan, care, and personal doctor did not mean that a beneficiary was more likely to change plans. But beneficiaries who had trouble finding a personal doctor with whom they were happy were more likely to change plans than those who did not have this trouble, though the differences we detected were small.

Although the difference in the number of respondents who changed plans between those who had trouble finding a personal doctor and those who didn't was statistically significant, it was small. Difficulty finding a personal doctor is not exclusive to one plan. People enrolled in Prime with a military PCM, Prime with a civilian PCM, or Select were equally likely to have this difficulty. The Defense Health Agency might therefore consider assessing whether the plans available to beneficiaries allow them to easily find a doctor they like. The sample size in our data set would not allow it, but we recommend that future studies explore why respondents who changed plans had issues finding a suitable personal doctor in certain health plans and—given that the results reported here are descriptive and exploratory—whether those issues led respondents to change from certain types of plans to others. The results might be linked to a health plan's policies (for example, allowing members to pick from a provider network versus being assigned to a doctor). This information would enable comparisons between plans, which could in turn shed more light on what affects respondents' ability to find a doctor they like and, subsequently, how the Defense Health Agency can improve care and satisfaction.

Source

"Health Care Survey of Department of Defense Beneficiaries." N = 9,280. The response rate is 9.2 percent. The survey was fielded from January 4, 2019, to March 29, 2019.

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Endnotes

[1] This excludes AD service members, who largely are enrolled in Prime and have a military PCM.